

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

National Association of Insurance and Financial Advisors Political Action Comm

ADDRESS (number and street) ▼

2901 Telestar Ct.

☐ Check if different than previously reported. (ACC)

Falls Church

VA

22042

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00005249

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

04

01

2016

through

M M M / D D D / Y Y Y Y Y Y

04

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Matthew S. Tassey

Signature of Treasurer

Matthew S. Tassey

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

05

16

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|--|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016 | | 1134055.46 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 859999.65 | |
| (c) Total Receipts (from Line 19) | 87064.55 | 277775.38 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 947064.20 | 1411830.84 |
| 7. Total Disbursements (from Line 31) | 114653.27 | 579419.91 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 832410.93 | 832410.93 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period:

From:

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 01 | / | 2016 |

To:

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 30 | / | 2016 |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

26836.36

73726.67

(ii) Unitemized

60228.19

196048.71

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

87064.55

269775.38

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

87064.55

274775.38

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

3000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

87064.55

277775.38

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ►

87064.55

277775.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 153.27 | 619.91 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 153.27 | 619.91 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 114500.00 | 578750.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 50.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 50.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 114653.27 | 579419.91 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 114653.27 | 579419.91 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 87064.55 | 274775.38 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 50.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 87064.55 | 274725.38 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 153.27 | 619.91 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 153.27 | 619.91 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Mark A. Blake

Mailing Address 17573 Bearpath Trail

City State Zip Code
Eden Prairie MN 55347-3488

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Mutual

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2016

Transaction ID : 14037298

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Thomas J. Archer

Mailing Address 800 Bering Dr Ste 105

City State Zip Code
Houston TX 77057-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elite Marketing Grorp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2016

Transaction ID : 14037299

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Marvin H. Feldman

Mailing Address 2016 Eagle Pointe

City State Zip Code
Palm Harbor FL 34685-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Feldman Financial Group

Occupation
President/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2016

Transaction ID : 14037313

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Ms. Mary A. Powers

Mailing Address 9181 Almond Street

City State Zip Code
Alta Loma CA 91737-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
State Farm Insurance Agent/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2016

Transaction ID : 14037316

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Hal K. Yeager Jr.

Mailing Address 1532 Hempel Ave

City State Zip Code
Windermere FL 34786-8116

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Yeager Insurance Agency, Inc President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2016

Transaction ID : 14037333

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paul H. Culbreth

Mailing Address 3786 Coralberry Way

City State Zip Code
Dacula GA 30019-7220

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Your Wealth Partners Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2016

Transaction ID : 14037337

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 75

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Oscar B. Snyder III

Mailing Address 3975 Royal Troon Dr

City

El Dorado Hills

State

CA

Zip Code

95762-7697

FEC ID number of contributing
federal political committee.

C

Name of Employer

LPL

Occupation

Wealth Advisor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2016

Transaction ID : 14037341

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Garth E. Moore

Mailing Address PO Box 1332

City

Colusa

State

CA

Zip Code

95932-1332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garth E. Moore, Ins., Fin., Svcs.

Occupation

OWNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 05 / 2016

Transaction ID : 14037349

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. David B. Malkin

Mailing Address 15 Canoe Brook Dr

City

Livingston

State

NJ

Zip Code

07039-6121

FEC ID number of contributing
federal political committee.

C

Name of Employer

NJ Life & Casualty Associates, LLC

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

04 / 06 / 2016

Transaction ID : 14037365

Amount of Each Receipt this Period

1250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. William V. Regan III

Mailing Address 790 Broomfield Rd

City State Zip Code
San Mateo CA 94402-1115

FEC ID number of contributing federal political committee.

C

Name of Employer

New York Life

Occupation

Retired Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2016

Transaction ID : 14037409

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. M. John Mackin

Mailing Address 581 Pinto Ct.

City State Zip Code
Incline Village NV 89451-8118

FEC ID number of contributing federal political committee.

C

Name of Employer

Foresight Benefit & Ins. Svs.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 08 / 2016

Transaction ID : 14037422

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Matthew S. Tassey

Mailing Address 5 Reggio Ave

City State Zip Code
Old Orchard Beach ME 04064-2709

FEC ID number of contributing federal political committee.

C

Name of Employer

E A Scribner Insurance Agency

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14037439

Amount of Each Receipt this Period

105.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

905.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 75
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Randy L. Scritchfield

Mailing Address 10105 Nightingale St

City State Zip Code
 Gaithersburg MD 20882-4019

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Montgomery Financial Group, Inc.

Occupation
 Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037462

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Kent A. Bennett

Mailing Address 280 Hollow Road

City State Zip Code
 Muncy PA 17756-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Kent A. Bennett & Associates, Inc.

Occupation
 General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037464

Amount of Each Receipt this Period

87.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Edward A. Zabielski Jr.

Mailing Address 104 Clay Ct

City State Zip Code
 Landenberg PA 19350-1380

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AIG Financial Network

Occupation
 Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037470

Amount of Each Receipt this Period

210.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

402.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 11 OF 75

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Mark B. Schwendeman

Mailing Address 427 4th St

City

Marietta

State

OH

Zip Code

45750-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Schwendeman Agency, Inc.

Occupation

PRESIDENT/OWNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 10 | / | 2016 |

Transaction ID : 14037487

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Lawrence E. Lounds

Mailing Address 2477 Valley Oaks Circle

City

Flint

State

MI

Zip Code

48532-5405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Security 1st Benefits Corporation

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 10 | / | 2016 |

Transaction ID : 14037495

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Charles A. Brown

Mailing Address 3632 Petersburg Rd.

City

Burlington

State

KY

Zip Code

41005-8776

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charles Brown CLU & Company

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04 | / | 10 | / | 2016 |

Transaction ID : 14037507

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

345.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 75

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Robert M. Nelson

Mailing Address 14712 Shirley Street

City State Zip Code
 Omaha NE 68144-2144

FEC ID number of contributing federal political committee.

C

Name of Employer

Nelson Murphy Insurance & Investments,

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037536

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Brian R. Phares

Mailing Address 1420 Hackberry Road

City State Zip Code
 North Platte NE 69101-6841

FEC ID number of contributing federal political committee.

C

Name of Employer

Phares Financial Services

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037545

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Karl E. Hansen

Mailing Address 2068 Cynthia Way

City State Zip Code
 Los Altos CA 94024-7274

FEC ID number of contributing federal political committee.

C

Name of Employer

The Vita Companies

Occupation

Brokerage Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037563

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

410.00

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Daniel J. Scholz

Mailing Address 1510 So. 183 Circle

City State Zip Code
Omaha NE 68130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ameritas

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1251.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14037681

Amount of Each Receipt this Period

417.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Bryon A. Holz

Mailing Address 207 Cindy Ln

City State Zip Code
Brandon FL 33510-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bryon Holz & Associates

Occupation

Independent Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14037780

Amount of Each Receipt this Period

104.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Vincent M. D'Addona

Mailing Address 341 Harbor Dr

City State Zip Code
Lido Beach NY 11561-4906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategies for Wealth

Occupation

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14037823

Amount of Each Receipt this Period

208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

729.83

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. John A. Davidson

Mailing Address 1497 Rancho Ln

City State Zip Code
 Thousand Oaks CA 91362-2651

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Davidson Insurance & Financial Service

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037838

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Douglas B. Massey

Mailing Address P.O. Box 60707

City State Zip Code
 San Angelo TX 76906-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Doug Massey Financial Services

Occupation
 Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037859

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Marcus T. Henderson Sr.

Mailing Address 109 Barrington Court East

City State Zip Code
 Franklin TN 37067-5003

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Henderson Financial Group, Inc.

Occupation
 President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037872

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

250.00

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Dee K. Carter

Mailing Address 3207 Baumann Ave

City State Zip Code
 Midland TX 79701-5515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carter Financial Group

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037906

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. David L. Stratton

Mailing Address 13115 Beach Cir

City State Zip Code
 Anchorage AK 99515-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stratton Retirement Planning

Occupation

Managing Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037909

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Stephen D. Estler

Mailing Address 2177 NE 63 St.

City State Zip Code
 Fort Lauderdale FL 33308-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Estler Financial

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037939

Amount of Each Receipt this Period

208.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

521.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Michael O. Brown

Mailing Address 6512 NE 113th St

City State Zip Code
 Edmond OK 73013-8351

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MassMutual Financial Group

Occupation
 AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037949

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Steven Thomas Dolinak

Mailing Address 2241 Lyons Bend Dr

City State Zip Code
 Knoxville TN 37919-8931

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Capital Fin. Group, LLC

Occupation
 Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037954

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Byron Hyatt Erstad Jr.

Mailing Address 2510 S Nantucket Way

City State Zip Code
 Boise ID 83706-5095

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Erstad & Company

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14037967

Amount of Each Receipt this Period

90.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

258.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. H. Larry Fortenberry

Mailing Address 123 Northshore Pt

City State Zip Code
 Madison MS 39110-7272

FEC ID number of contributing
federal political committee.

C

Name of Employer
Executive Planning Group

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14038065

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Robert A. Miller

Mailing Address 727 Smith Ridge Rd

City State Zip Code
 New Canaan CT 06840-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miller-Pomerantz

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14038082

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Donald T. Fulton

Mailing Address 1269 Madison Lane

City State Zip Code
 Hockessin DE 19707-9418

FEC ID number of contributing
federal political committee.

C

Name of Employer
George J. Weiner Associates, LLP.

Occupation
Managing_Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14038089

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

680.00

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Anthony D. Miller

Mailing Address 4502 Hi-Line Dr

City
Billings

State
MT

Zip Code
59106-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retirement Solutions

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14038192

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Robert M. Roach

Mailing Address 2390 Kensington Drive

City
Columbus

State
OH

Zip Code
43221-3770

FEC ID number of contributing
federal political committee.

C

Name of Employer

NMFN - Kemelgor Financial Group

Occupation

Wealth Management Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14038221

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Garry S. Burry

Mailing Address 622 Woodlake Dr

City
Louisville

State
KY

Zip Code
40245-5121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Mutual

Occupation

Estate and Business Planning Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14038230

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

394.00

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Terry M. Kaltenbach

Mailing Address 1358 Ahlrich Ave

City

Encintas

State

CA

Zip Code

92024-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Asendant Fiduciary Consulting

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14038281

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Lawrence J. Stack

Mailing Address 28630 Glenbrook Dr

City

Farmington Hills

State

MI

Zip Code

48331-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Financial

Occupation

VP Financial Planning

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14038330

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Robert Eddy Jr.

Mailing Address 203 Autumn Oak Bend

City

Lafayette

State

LA

Zip Code

70508-8004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prudential Financial DBA - Pinnacle Gr

Occupation

Financial Planner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14038339

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

310.00

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Randall D. Kaufmann

Mailing Address 356 Equus Drive

City

Camp Hill

State

PA

Zip Code

17011-8357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaufmann & Associates, LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14038354

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. John C. Johns

Mailing Address 5141 Lilly Rd.

City

Hazlehurst

State

MS

Zip Code

39083-9490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Farm Bureau Life Insurance

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14038376

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Daniel L. Rust

Mailing Address 114 W Arnold St

City

Bozeman

State

MT

Zip Code

59715-6129

FEC ID number of contributing
federal political committee.

C

Name of Employer

State Farm Insurance Companies

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14038416

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

405.00

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Mitchell W. Ostrove

Mailing Address 232 Norman Road

City

New Rochelle

State

NY

Zip Code

10804-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ameritas

Occupation

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14038463

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. David M. Koll

Mailing Address 1612 S. 152nd Street

City

Omaha

State

NE

Zip Code

68144-5121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mutual of Omaha

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14038469

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Leonard Martin

Mailing Address 1045 Warwick Ave
Suite 104

City

Warwick

State

RI

Zip Code

02888-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leonard Martin & Associates Inc

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14038550

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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273.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. C. David Isaac

Mailing Address 1705 Timber Valley Ct

City State Zip Code
Kokomo IN 46902-5097

FEC ID number of contributing
federal political committee.

C

Name of Employer
David Isaac & Associates

Occupation
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14038615

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Juli Y. McNeely

Mailing Address S764 Hanson Rd

City State Zip Code
Spencer WI 54479-9579

FEC ID number of contributing
federal political committee.

C

Name of Employer
McNeely Financial Services, Inc.

Occupation
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14038695

Amount of Each Receipt this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Richard L. Miller

Mailing Address 1214 Karr Ave.

City State Zip Code
Yakima WA 98902-5026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Mutual Financial Network

Occupation
Financial_Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14038716

Amount of Each Receipt this Period

87.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

395.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Philip F. Hauser

Mailing Address 321 16th Ave NE

City

Hampton

State

IA

Zip Code

50441-1170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hauser Financial Group

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14038815

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. James R. Denny III

Mailing Address 8707 Standish Ln.

City

Richmond

State

VA

Zip Code

23229-7922

FEC ID number of contributing
federal political committee.

C

Name of Employer

AXA Advisors, LLC

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14038915

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Charles H. Craddock Jr.

Mailing Address 161 Cordelia Dr

City

Ruckersville

State

VA

Zip Code

22968-3600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Craddock Insurance Services Inc

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14038928

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Kevin L. Bell

Mailing Address 318 W Greyhound Pass

City State Zip Code
Carmel IN 46032-7007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Guardian

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14039008

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. William Clay Birdwell

Mailing Address 213 Cherokee Rd.

City State Zip Code
Nashville TN 37205-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Baker Birdwell, LLC

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14039019

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Casey C. Knake

Mailing Address 2902 Mach I Dr.

City State Zip Code
Norfolk NE 68701-3238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Heritage Financial Services, LLC

Investment Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14039228

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

259.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Daniel L. Lawrence

Mailing Address 5553 Peters Drive

City

West Bend

State

WI

Zip Code

53095-8301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Modern Woodmen of America

Occupation

Agency Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14039230

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Rolando G. Barrera

Mailing Address 2621 Camargo

City

Corpus Christi

State

TX

Zip Code

78415-5649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roland Barrera Insurance

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.75

Date of Receipt

04 / 10 / 2016

Transaction ID : 14039313

Amount of Each Receipt this Period

104.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Chris Hatton

Mailing Address 2021 Wanderlust Dr

City

Lewisville

State

TX

Zip Code

75067-7414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Money Matters

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14039330

Amount of Each Receipt this Period

105.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

279.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Curtis Lowell Eskew Jr.

Mailing Address 1680 Keely Lane

City State Zip Code
 Sarasota FL 34232-3061

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14039352

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Kap-Sun C. Enders

Mailing Address 10620 Wahington Circle

City State Zip Code
 Anchorage AK 99515-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14039382

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Rodger K. Johnson

Mailing Address 910 N. Houston

City State Zip Code
 Bullard TX 75757-5128

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14039389

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

243.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Todd G. Grantham

Mailing Address 4 Montcrest Dr

City

Durham

State

NC

Zip Code

27713-8136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Mutual Financial Network

Occupation

Financial Advisor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

686.40

Date of Receipt

04 / 10 / 2016

Transaction ID : 14039427

Amount of Each Receipt this Period

228.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. James R. Goodrich

Mailing Address 1860 Beech

City

Mt. Pleasant

State

MI

Zip Code

48858-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Mutual

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14039440

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Lance P. Franczyk

Mailing Address 2224 E 24th St

City

Tulsa

State

OK

Zip Code

74114-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Mutual

Occupation

Managing Partner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14039462

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

417.80

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mrs. Eleanor B. Blaylock

Mailing Address 9439 Gay Ln

City State Zip Code
Oil City LA 71061-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Burke & Burke Insurance Marketing, Inc

Occupation

Agency Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14039496

Amount of Each Receipt this Period

112.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Terry K. Headley

Mailing Address 20704 Meadow Ridge Drive

City State Zip Code
Springfield NE 68059-7086

FEC ID number of contributing
federal political committee.

C

Name of Employer

Headley Financial Group

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14039538

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Mark A. Kolterman

Mailing Address 2577 Waverly Road

City State Zip Code
Seward NE 68434-8030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kolterman Agency, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14039539

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

597.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Richard D. Kimmel

Mailing Address 6525 Bellaire Drive S

City State Zip Code
 Ft Worth TX 76132-1138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Principal Financial Group

Regional Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14039547

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Gregory P. Daigle

Mailing Address 117 Barton Terrace

City State Zip Code
 Youngsville LA 70592-5741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pinnacle Group

Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14039595

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. John B. Kearns

Mailing Address 1605 Broadway

City State Zip Code
 Scottsbluff NE 69361-3153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Monument Financial Services LLC

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14039604

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

310.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mrs. Melissa H. Snively

Mailing Address 16104 Ternglade Drive

City State Zip Code
Lithia FL 33547-5858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Melissa Snively State Farm Insurance

Occupation

State Farm Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14039653

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Mark C. Miller

Mailing Address 2599 Sulgrave Cove

City State Zip Code
Memphis TN 38119-7726

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCL Financial Group

Occupation

Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14039780

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. C. Robert Brown Sr.

Mailing Address 8675 Westcott Dr

City State Zip Code
Germantown TN 38138-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ameritas

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14039786

Amount of Each Receipt this Period

165.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

312.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Mark D. Olson

Mailing Address 34 Stryker Ct

City

Bridgewater

State

NJ

Zip Code

08807-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizon Wealth Strategies, LLC

Occupation

Financial Planner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14039924

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. James J. Silbernagel

Mailing Address N2248 State Road 67

City

Campbellsport

State

WI

Zip Code

53010-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Silbernagel Group Inc.

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14039925

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Irv Wiese

Mailing Address 250 Yale Road

City

Lexington

State

SC

Zip Code

29072-2289

FEC ID number of contributing
federal political committee.

C

Name of Employer

MW Group

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14039953

Amount of Each Receipt this Period

52.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

562.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Michael G. Murphy

Mailing Address 2041 S 88 St

City

Omaha

State

NE

Zip Code

68124-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nelson Murphy Insurance & Investments,

Occupation

PARTNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14040062

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Gregory T. Toscano

Mailing Address 24 Snelling Ave

City

Duluth

State

MN

Zip Code

55812-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johnson Insurance Consultants

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14040069

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. James J. Van Ham

Mailing Address 2748 Newport Drv

City

Naperville

State

IL

Zip Code

60565-6711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Financial Group, Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14040092

Amount of Each Receipt this Period

105.00

☐ Memo Item

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294.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. John W. Wheeler Jr.

Mailing Address 1075 Aster Ln

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| West Chicago | IL | 60185-1750 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Water Tower Financial Partners, LLC

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.50

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 10 | | 2016 |

Transaction ID : 14040094

Amount of Each Receipt this Period

104.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Roger L. Owens

Mailing Address 104 Landing Lane

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Elkton | MD | 21921-5204 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rymark Financial Services

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 10 | | 2016 |

Transaction ID : 14040155

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. R. Steve Ruckart

Mailing Address 805 S. Church St Ste 9

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| Murfreesboro | TN | 37130-4917 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

RAI Advisors

Occupation

PRINCIPAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 10 | | 2016 |

Transaction ID : 14040192

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

204.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Steven P. Saladino

Mailing Address 16507 Silverhill Dr

City

Tampa

State

FL

Zip Code

33624-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Independent Brokers

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14040300

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. John P. Mosley

Mailing Address 112 Mechanic St

City

Westbrook

State

ME

Zip Code

04092-2843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mosley Financial Group

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14040391

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Harold T. Morris Sr.

Mailing Address 438 Mechunk Creek Dr

City

Troy

State

VA

Zip Code

22974-9742

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morris Ins Agency

Occupation

Agent/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14040508

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

224.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. James A. Shalek

Mailing Address 1706 Candleberry Lane

City State Zip Code
 Yorkville IL 60560-5810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Principal Financial Group

Senior Financial Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14040522

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. David Russell

Mailing Address 8461 Eagle Preserve Way

City State Zip Code
 Sarasota FL 34241-9449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Rogers Benefit Group

Regional Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14040525

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Cliff F. Wilson

Mailing Address 1458 W Bahia Ct

City State Zip Code
 Gilbert AZ 85233-5600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southeast Arizona Insurance Services,

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14040705

Amount of Each Receipt this Period

126.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

306.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Tom Cothron

Mailing Address 4280 SW 20th Ave

City State Zip Code
 Ocala FL 34474-5950

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Farm Bureau Life

Occupation

Agency Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14040837

Amount of Each Receipt this Period

104.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Paul R. Dougherty

Mailing Address 10709 Croom Road

City State Zip Code
 Upper Marlboro MD 20772-8406

FEC ID number of contributing
federal political committee.

C

Name of Employer

State Farm Insurance Companies

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14040918

Amount of Each Receipt this Period

112.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Rod Whited

Mailing Address 2344 S W 95th Ter

City State Zip Code
 Gainesville FL 32607-3241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northwestern Mutual

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 10 / 2016

Transaction ID : 14040959

Amount of Each Receipt this Period

104.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

321.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Randy J. Kruse

Mailing Address 801 Pine St Apt 3

City

Sheldon

State

IA

Zip Code

51201-1241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Farm Bureau

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14041030

Amount of Each Receipt this Period

72.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Matthew B. Stone

Mailing Address 5016 Bartons Enclave Ln

City

Raleigh

State

NC

Zip Code

27613-8564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Farm Bureau Insurance Companies

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14041049

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Brad A. Tapscott

Mailing Address 523 Castle Hall Rd

City

Mount Pleasant

State

SC

Zip Code

29464-6231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ameriprise Financial Services, Inc.

Occupation

Certified Financial Planner Practition

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2016

Transaction ID : 14041098

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

202.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Paul Adams

Mailing Address 15328 32nd Avenue

City

Mill Creek

State

WA

Zip Code

98012-8311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sound Financial Group

Occupation

Field Representative

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14041222

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Joseph L. Morton III

Mailing Address 5487 N Bach

City

Meridian

State

ID

Zip Code

83646-4711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Intermountain Legal Group

Occupation

Attorney At Law

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14041270

Amount of Each Receipt this Period

126.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Neal A. Klope

Mailing Address 1241 St. Paul Street

City

Bellingham

State

WA

Zip Code

98229-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Klope Financial Services, Inc.

Occupation

Investment Advisor Representative

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14041274

Amount of Each Receipt this Period

105.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

331.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Trent D. Bryson

Mailing Address 3777 Long Beach Boulevard
Ste 500

City Long Beach State CA Zip Code 90807-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bryson Financial

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14041283

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Calvin M. Sievers

Mailing Address 225 North Berry Pine

City Rapid City State SD Zip Code 57702-1860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thrivent Financial

Occupation

Financial Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14041304

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Patrick Alex Kessel

Mailing Address 200 E Harrison Ave

City Fairfield State IA Zip Code 52556-3836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Farm Bureau Fin. Services

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

04 / 10 / 2016

Transaction ID : 14041471

Amount of Each Receipt this Period

126.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

261.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Carl W. Zeidler

Mailing Address P O Box 706

14918 Lippold RD

City

Carlinville

State

IL

Zip Code

62626-0706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wall Street Fin. Group

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 10 | / | 2016 |

Transaction ID : 14042108

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Michele G. Clarke

Mailing Address 600 State Street, Suite A

City

Cedar Falls

State

IA

Zip Code

50613-3346

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAIFA-Iowa

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 10 | / | 2016 |

Transaction ID : 14042188

Amount of Each Receipt this Period

141.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. James D. Curtis

Mailing Address 130 S Highland St

City

Du Bois

State

PA

Zip Code

15801-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ameritas

Occupation

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 10 | / | 2016 |

Transaction ID : 14042353

Amount of Each Receipt this Period

84.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

330.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Brian D. Heckert

Mailing Address 1341 W. Jefferson

City

Nashville

State

IL

Zip Code

62263-1320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Financial Solutions Midwest, LLC

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : 14042774

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Kenneth M. Berkowitz

Mailing Address 4601 Wilshire Blvd, #212

City

Los Angeles

State

CA

Zip Code

90010-3884

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wilshire Financial & Insurance Service

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : 14042783

Amount of Each Receipt this Period

550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. David B. Duffel

Mailing Address 4301 Gleneagles Ct.

City

Stockton

State

CA

Zip Code

95219-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Duffel Company

Occupation

OWNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2016

Transaction ID : 14042787

Amount of Each Receipt this Period

475.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1525.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Milton A. Hill

Mailing Address 103 Henschke Dr

City State Zip Code
 Fayetteville NY 13066-2357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Care of The Guardian

Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : 14042822

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Rod Whited

Mailing Address 2344 S W 95th Ter

City State Zip Code
 Gainesville FL 32607-3241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Northwestern Mutual

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2016

Transaction ID : 14042831

Amount of Each Receipt this Period

-104.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. John F. Nichols

Mailing Address 2550 N. Lakeview
 #603

City State Zip Code
 Chicago IL 60614-2045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Disability Resource Group, Inc.

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2016

Transaction ID : 14042874

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2695.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. F. Nicholas Kelley

Mailing Address 1323 S 174th St

City

Omaha

State

NE

Zip Code

68130-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kelley Financial Services, Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : 14042893

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Thomas J. Bruckner

Mailing Address S73W14901 Candlewood Lane

City

Muskego

State

WI

Zip Code

53150-7928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thrivent Financial

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : 14042897

Amount of Each Receipt this Period

275.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Tanya K. Patzner

Mailing Address 7129 S 101 St Ave

City

La Vista

State

NE

Zip Code

68128-3183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tanya Patzner Insurance

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : 14042904

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

925.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mrs. Diane Boyle

Mailing Address 3419 N Emerson

City State Zip Code
Arlington VA 22207-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAIFA- Headquarters

Occupation

Vice_President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : 14042906

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Blane Perry

Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAIFA

Occupation

Director of Infomation Service Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : 14042907

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Sheila Owens

Mailing Address 2901 Telestar Ct

City State Zip Code
Falls Church VA 22042-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAIFA- Headquarters

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2016

Transaction ID : 14042910

Amount of Each Receipt this Period

41.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

241.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Kevin M. Mayeux

Mailing Address 2901 Telestar Ct

City

Falls Church

State

VA

Zip Code

22042-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAIFA- Headquarters

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.31

Date of Receipt

04 / 18 / 2016

Transaction ID : 14042916

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. David A. McCay

Mailing Address 441 Carter Sims Rd

City

Bowling Green

State

KY

Zip Code

42104-7884

FEC ID number of contributing
federal political committee.

C

Name of Employer

McCay & Associates, LLC.

Occupation

Agent/Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 19 / 2016

Transaction ID : 14042925

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ms. Mary Holevinski

Mailing Address 17 Lambert Johnson Dr

City

Ocean

State

NJ

Zip Code

07712-3753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holevinski Financial Services

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2016

Transaction ID : 14042941

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1008.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Timothy H. Holladay

Mailing Address 7127 US Highway 19

City

New Port Richey

State

FL

Zip Code

34652-1638

FEC ID number of contributing
federal political committee.

C

Name of Employer

State Farm Ins.

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 20 / 2016

Transaction ID : 14042944

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Jill M. Judd

Mailing Address 7551 Arden Way

City

Aptos

State

CA

Zip Code

95003-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer

State Farm Insurance Companies

Occupation

Agent/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

04 / 20 / 2016

Transaction ID : 14042954

Amount of Each Receipt this Period

105.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Steven L. Powell

Mailing Address 4210 East 58th Street

City

Davenport

State

IA

Zip Code

52807-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer

Powell Financial Group

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 25 / 2016

Transaction ID : 14043003

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

505.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mrs. Tracy L. Francis

Mailing Address 2057 Drummond Dr.

City

Lexington

State

KY

Zip Code

40511-9129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Lexington Insurance Agency

Occupation

Life/Health Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : 14043027

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Thomas W. Rutledge

Mailing Address 715 Lexington

City

Coppell

State

TX

Zip Code

75019-4525

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prudential Financial

Occupation

Divisional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : 14043039

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Larry J. Shipman

Mailing Address 3030 SE Paulen

City

Topeka

State

KS

Zip Code

66605-9103

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Family Life Insurance Company

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : 14043052

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. D. Allan Hudson

Mailing Address 6 Chardonnay Cove

City

Mayflower

State

AR

Zip Code

72106-9458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Blue Cross Blue Shield Firm

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2016

Transaction ID : 14043064

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Thomas D. Currey

Mailing Address 701 W. Church St

City

Grand Prairie

State

TX

Zip Code

75050-5532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas D. Currey

Occupation

Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1668.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : 14043069

Amount of Each Receipt this Period

417.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Philip L. Solinsky

Mailing Address 11240 E Calle Vaqueros

City

Tucson

State

AZ

Zip Code

85749-9520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Solinsky Financial Group, Inc.

Occupation

Agent/Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2016

Transaction ID : 14043085

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1017.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth W. Head

Mailing Address 203 Burning Brush Rd

City

Greenville

State

SC

Zip Code

29607-5825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Head Financial Group, Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 28 / 2016

Transaction ID : 14043095

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Paul L. Farr

Mailing Address 1974 W 35th Ave
Apt 212

City

Denver

State

CO

Zip Code

80211-2961

FEC ID number of contributing
federal political committee.

C

Name of Employer

State Farm Insurance Companies

Occupation

Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

04 / 28 / 2016

Transaction ID : 14043120

Amount of Each Receipt this Period

1375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mr. Douglas B. Massey

Mailing Address P.O. Box 60707

City

San Angelo

State

TX

Zip Code

76906-0707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Doug Massey Financial Services

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 29 / 2016

Transaction ID : 14043150

Amount of Each Receipt this Period

60.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1685.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Lane Boozer

Mailing Address 1008 Skylark Dr

City State Zip Code
Denton TX 76205-8008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Don Boozer & Assoc.

Occupation

Vice President - Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2016

Transaction ID : 14043160

Amount of Each Receipt this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mr. Richard E. Harper

Mailing Address 1942 Monterey Drive

City State Zip Code
Mechanicsburg PA 17050-8514

FEC ID number of contributing
federal political committee.

C

Name of Employer

R E Harper Partners, LLC

Occupation

Agent/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2016

Transaction ID : 14043164

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mrs. Diane Boyle

Mailing Address 3419 N Emerson

City State Zip Code
Arlington VA 22207-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAIFA- Headquarters

Occupation

Vice_President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2016

Transaction ID : 14043173

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

460.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Blane Perry

Mailing Address 2901 Telestar Court

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| Falls Church | VA | 22042-1260 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAIFA

Occupation

Director of Infomation Service Operati

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 29 | | 2016 |

Transaction ID : 14043174

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ms. Sheila Owens

Mailing Address 2901 Telestar Ct

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| Falls Church | VA | 22042-1260 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAIFA- Headquarters

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 29 | | 2016 |

Transaction ID : 14043177

Amount of Each Receipt this Period

41.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin M. Mayeux

Mailing Address 2901 Telestar Ct

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| Falls Church | VA | 22042-1260 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAIFA- Headquarters

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 29 | | 2016 |

Transaction ID : 14043182

Amount of Each Receipt this Period

208.33

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

299.99

TOTAL This Period (last page this line number only)..... ►

26836.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 26 | | 2016 |

Mailing Address P.O. box 40031

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Roanoke | VA | 24022-0031 |

Transaction ID : 14048003Purpose of Disbursement
Bank fees

| |
|-------------------|
| 001 |
| Category/ Type |

Amount of Each Disbursement this Period

| |
|--------|
| 153.27 |
|--------|

☐ Memo Item
Bank fees

Candidate Name

| | | |
|----------------|---|--|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: | District: | |

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Candidate Name

| | | |
|----------------|---|--|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: | District: | |

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item

Purpose of Disbursement

| |
|-------------------|
| |
| Category/ Type |

Candidate Name

| | | |
|----------------|---|--|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: | District: | |

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|--------|
| 153.27 |
|--------|

| |
|--------|
| 153.27 |
|--------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Brat

Mailing Address PO Box 5094

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Glen Allen | VA | 23058 |

Purpose of Disbursement

011

Candidate Name

David Brat

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: VA District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 05 | | 2016 |

Transaction ID : 13981538

Amount of Each Disbursement this Period

| |
|---------|
| 1250.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Erik PaulsenMailing Address P.O. Box 44369
250 Prairie Center Drive

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Eden Prairie | MN | 55344 |

Purpose of Disbursement

011

Candidate Name

Rep. Erik P. Paulsen

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: MN District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 05 | | 2016 |

Transaction ID : 13981539

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Erik PaulsenMailing Address P.O. Box 44369
250 Prairie Center Drive

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Eden Prairie | MN | 55344 |

Purpose of Disbursement

011

Candidate Name

Rep. Erik P. Paulsen

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: MN District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 05 | | 2016 |

Transaction ID : 13981540

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3250.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Lexington | KY | 40588 |

Purpose of Disbursement

011

Candidate Name

Rep. Andy Barr

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: KY District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996100

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ryan Costello For Congress

Mailing Address PO Box 3154

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| West Chester | PA | 19381 |

Purpose of Disbursement

011

Candidate Name

Rep. Ryan Costello

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: PA District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996102

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shelby For U S Senate

Mailing Address Post Office Box 1091

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Tuscaloosa | AL | 35403 |

Purpose of Disbursement

011

Candidate Name

Sen. Richard C. Shelby

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House |
| | <input checked="" type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: AL District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996103

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 4000.00 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Denham For Congress

Mailing Address 2150 River Plaza Dr., #150

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Sacramento | CA | 95833 |

Purpose of Disbursement

011

Candidate Name

Rep. Jeff Denham

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: CA District: 10

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996104

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Beatty For Congress

Mailing Address PO Box 172

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Columbus | OH | 43216 |

Purpose of Disbursement

011

Candidate Name

Rep. Joyce Beatty

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: OH District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996105

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pompeo For Congress Inc

Mailing Address PO Box 780146

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Wichita | KS | 67212 |

Purpose of Disbursement

011

Candidate Name

Rep. Mike Pompeo

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: KS District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996106

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 3500.00 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 5th Avenue South

City
La CrosseState
WIZip Code
54601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ron Kind

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996107

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Murphy For Congress

Mailing Address PO Box 24551

City
PittsburghState
PAZip Code
15234

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tim F. Murphy

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 18

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996108

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mark Takai For Congress

Mailing Address PO Box 2267

City
Pearl CityState
HIZip Code
96782

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mark Takai

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: HI

District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996109

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 4000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mike Kelly For Congress

Mailing Address PO Box 476

| | | |
|-----------------|-------------|-------------------|
| City Lyndora | State PA | Zip Code 16045 |
|-----------------|-------------|-------------------|

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mike Kelly

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: PA District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996110

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

| | | |
|---------------------|-------------|-------------------|
| City Kansas City | State MO | Zip Code 64112 |
|---------------------|-------------|-------------------|

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Emanuel Cleaver II

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: MO District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996111

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Denny Heck For Congress

Mailing Address PO Box 235

| | | |
|-----------------|-------------|-------------------|
| City Olympia | State WA | Zip Code 98507 |
|-----------------|-------------|-------------------|

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Denny Heck

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: WA District: 10

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996112

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 3500.00 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Friends Of Chris Murphy

Mailing Address PO Box 127

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Cheshire | CT | 06410 |

Purpose of Disbursement

011

Candidate Name

Sen. Chris Scott Murphy

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☐ Primary
☒ General
☐ Other (specify) ▼

State: CT

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996114

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hoeven For Senate

Mailing Address PO Box 15114

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Arlington | VA | 22215 |

Purpose of Disbursement

011

Candidate Name

Sen. John Hoeven

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary
☐ General
☐ Other (specify) ▼

State: ND

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996115

Amount of Each Disbursement this Period

| |
|---------|
| 3500.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Moran For Kansas

Mailing Address PO Box 1151

| | | |
|------|-------|----------|
| City | State | Zip Code |
| Hays | KS | 67601 |

Purpose of Disbursement

011

Candidate Name

Sen. Jerry Moran

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary
☐ General
☐ Other (specify) ▼

State: KS

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996116

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 7000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Boozman For Arkansas

Mailing Address PO Box 671

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Rogers | AR | 72757 |

Purpose of Disbursement

011

Candidate Name

Sen. John Boozman

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House |
| | <input checked="" type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|--|---|
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: AR District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996117

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Albuquerque | NM | 87125 |

Purpose of Disbursement

011

Candidate Name

Rep. Martin T. Heinrich

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2018

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: NM District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996118

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cole For Congress

Mailing Address P.O. Box 722256

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Norman | OK | 73070 |

Purpose of Disbursement

011

Candidate Name

Rep. Thomas Cole

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: OK District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996119

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Sanford For Congress

Mailing Address P. O. Box 160

| | | |
|------------------|-------|----------|
| City | State | Zip Code |
| Sullivans Island | SC | 29482 |

Purpose of Disbursement

Candidate Name

Rep. Mark Sanford Jr.

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: SC District: 01

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996120

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Maloney For Congress

Mailing Address 49 East 92nd St

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10128 |

Purpose of Disbursement

Candidate Name

Rep. Carolyn B. Maloney

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: NY District: 12

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996121

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Linda SanchezMailing Address 410 1st St Se
Suite 310

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement

Candidate Name

Rep. Linda T. Sanchez

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: CA District: 38

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996122

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 4000.00 |
|---------|

| |
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| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Committee To Re-Elect Linda Sanchez

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Mailing Address 410 1st St Se
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Linda T. SanchezOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 38

Transaction ID : 13996123

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Becerra For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Xavier BecerraOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 34

Transaction ID : 13996124

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Becerra For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Xavier BecerraOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 34

Transaction ID : 13996125

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 5000.00 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Donovan For Congress

Mailing Address 440 Leverett Avenue

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Staten Island | NY | 10308 |

Purpose of Disbursement

011

Candidate Name

Rep. Daniel Donovan Jr.

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: NY District: 11

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996126

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dold For Congress

Mailing Address PO Box 6312

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Libertyville | IL | 60048 |

Purpose of Disbursement

011

Candidate Name

Rep. Robert J. Dold

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: IL District: 10

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 12 | | 2016 |

Transaction ID : 13996127

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andre Carson For Congress

Mailing Address P.O. Box 1863

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Indianapolis | IN | 46206 |

Purpose of Disbursement

011

Candidate Name

Rep. Andre Carson

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: IN District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 15 | | 2016 |

Transaction ID : 14020134

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 6500.00 |
|---------|

| |
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| |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Portland | OR | 97232 |

Purpose of Disbursement

011

Candidate Name

Rep. Earl Blumenauer

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: OR District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 15 | | 2016 |

Transaction ID : 14020136

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol Street, SE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement

011

Candidate Name

Democratic Senatorial Campaign Committee

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|---|
| Disbursement For: |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 15 | | 2016 |

Transaction ID : 14020137

Amount of Each Disbursement this Period

| |
|----------|
| 15000.00 |
|----------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Forbes For Congress

Mailing Address PO Box 15100

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Chesapeake | VA | 23328 |

Purpose of Disbursement

011

Candidate Name

Rep. J. Randy Forbes

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: VA District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 15 | | 2016 |

Transaction ID : 14020138

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

21500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Walters For Congress

Mailing Address C/O 8001 Irvine Center Drive, #400

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Irvine | CA | 92618 |

Purpose of Disbursement

011

Candidate Name

Rep. Mimi Walters

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: CA District: 45

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 15 | | 2016 |

Transaction ID : 14020139

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Vargas For Congress

Mailing Address 330 Encinitas Blvd., Suite 101

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Encinitas | CA | 92024 |

Purpose of Disbursement

011

Candidate Name

Rep. Juan C. Vargas

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: CA District: 51

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 15 | | 2016 |

Transaction ID : 14020141

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vargas For Congress

Mailing Address 330 Encinitas Blvd., Suite 101

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Encinitas | CA | 92024 |

Purpose of Disbursement

011

Candidate Name

Rep. Juan C. Vargas

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: CA District: 51

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 15 | | 2016 |

Transaction ID : 14020142

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3000.00 |
|---------|

| |
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| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Anthony Brown For Congress

Mailing Address 12138 Central Ave #671

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| Bowie | MD | 20721 |

Purpose of Disbursement

Candidate Name

Anthony Brown

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: MD District: 04

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

011

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 19 | | 2016 |

Transaction ID : 14021763

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Levin For Congress

Mailing Address PO Box 37

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Roseville | MI | 48066 |

Purpose of Disbursement

Candidate Name

Rep. Sandy M. Levin

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: MI District: 09

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

011

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2016 |

Transaction ID : 14025227

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stephen Lynch For Congress

Mailing Address 105 Farragut Rd

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| South Boston | MA | 02124 |

Purpose of Disbursement

Candidate Name

Rep. Stephen F. Lynch

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: MA District: 08

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

011

Category/
Type

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2016 |

Transaction ID : 14025229

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 4500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Garrett for Congress

Mailing Address PO Box 905

| | | |
|----------------|-------------|-------------------|
| City Newton | State NJ | Zip Code 07860 |
|----------------|-------------|-------------------|

Purpose of Disbursement

011

Category/
Type

Candidate Name

Scott Garrett
 Office Sought: ☒ House
☐ Senate
☐ President

 Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2016 |

Transaction ID : 14025231

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cole For Congress

Mailing Address P.O. Box 722256

| | | |
|----------------|-------------|-------------------|
| City Norman | State OK | Zip Code 73070 |
|----------------|-------------|-------------------|

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Thomas Cole
 Office Sought: ☒ House
☐ Senate
☐ President

 Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2016 |

Transaction ID : 14025232

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Himes For Congress

Mailing Address 857 Post Road, #312

| | | |
|-------------------|-------------|-------------------|
| City Fairfield | State CT | Zip Code 06824 |
|-------------------|-------------|-------------------|

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jim A. Himes
 Office Sought: ☒ House
☐ Senate
☐ President

 Disbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼
 Convention2016

State: CT District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2016 |

Transaction ID : 14025234

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 3000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Votetipton.Com

Mailing Address PO Box 1582

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Cortez | CO | 81321 |

Purpose of Disbursement

011

Candidate Name

Rep. Scott R. Tipton

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: CO District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2016 |

Transaction ID : 14025236

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Cheri Bustos

Mailing Address 1050 17th St Nw Ste 590

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20036 |

Purpose of Disbursement

011

Candidate Name

Rep. Cheri Bustos

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|--|---|
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: IL District: 17

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2016 |

Transaction ID : 14025237

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Terri Sewell For Congress

Mailing Address P.O. Box 1964

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Birmingham | AL | 35201 |

Purpose of Disbursement

011

Candidate Name

Rep. Terri A. Sewell

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|--|---|
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: AL District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2016 |

Transaction ID : 14025238

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Joe Kennedy For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2016 |

Mailing Address PO Box 590464

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Newton | MA | 02459 |

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joseph Kennedy III

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: MA District: 04

Transaction ID : 14025240

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Capuano For Congress Committee

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2016 |

Mailing Address PO Box 440305

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Somerville | MA | 02144 |

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael E. Capuano

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: MA District: 07

Transaction ID : 14025241

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2016 |

Mailing Address 5429 Madison Avenue

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Sacramento | CA | 95841 |

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mike Thompson

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: CA District: 05

Transaction ID : 14025242

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Dallas | TX | 75382 |

Purpose of Disbursement

011

Candidate Name

Rep. Jeb Hensarling

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|--|---|
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: TX District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2016 |

Transaction ID : 14025243

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mobrooksforcongress.Com

Mailing Address 7610 Foxfire Dr.

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Huntsville | AL | 35802 |

Purpose of Disbursement

011

Candidate Name

Rep. Mo Brooks

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|--|---|
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: AL District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2016 |

Transaction ID : 14025244

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Michelle

Mailing Address P.O. Box 25422

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Albuquerque | NM | 87125 |

Purpose of Disbursement

011

Candidate Name

Rep. Michelle Lujan Grisham

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: NM District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 27 | | 2016 |

Transaction ID : 14030638

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 4000.00 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Friends Of Michelle

Mailing Address P.O. Box 25422

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Albuquerque | NM | 87125 |

Purpose of Disbursement

011

Candidate Name

Rep. Michelle Lujan Grisham

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: NM District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 27 | | 2016 |

Transaction ID : 14030639

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Graves For Congress

Mailing Address 2345 Grand, Suite 2400

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Kansas City | MO | 64108 |

Purpose of Disbursement

011

Candidate Name

Rep. Samuel B. Graves Jr.

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: MO District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 27 | | 2016 |

Transaction ID : 14030640

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rodney For Congress

Mailing Address PO Box 344

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Taylorville | IL | 62568 |

Purpose of Disbursement

011

Candidate Name

Rep. Rodney L. Davis

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: IL District: 13

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 27 | | 2016 |

Transaction ID : 14030641

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 2500.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mullin For Congress

Mailing Address PO Box 2156

| | | |
|-------------------|-------------|-------------------|
| City Claremore | State OK | Zip Code 74018 |
|-------------------|-------------|-------------------|

Purpose of Disbursement

011

Candidate Name

Rep. Markwayne Mullin

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: OK District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 27 | | 2016 |

Transaction ID : 14030642

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Poliquin For Congress

Mailing Address PO Box 50

| | | |
|-----------------|-------------|-------------------|
| City Oakland | State ME | Zip Code 04963 |
|-----------------|-------------|-------------------|

Purpose of Disbursement

011

Candidate Name

Rep. Bruce Poliquin

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|--|---|
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: ME District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 27 | | 2016 |

Transaction ID : 14030643

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carlos Curbelo Congress

Mailing Address 8724 Sw 72nd Street

| | | |
|---------------|-------------|-------------------|
| City Miami | State FL | Zip Code 33173 |
|---------------|-------------|-------------------|

Purpose of Disbursement

011

Candidate Name

Rep. Carlos Curbelo

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|--|---|
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: FL District: 26

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 27 | | 2016 |

Transaction ID : 14030644

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 5500.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mcsally For Congress

Mailing Address PO Box 19128

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Tucson | AZ | 85731 |

Purpose of Disbursement

011

Candidate Name

Martha McSally Ms.

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: AZ District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 27 | | 2016 |

Transaction ID : 14030645

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Pocan For Congress

Mailing Address PO Box 327

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Madison | WI | 53701 |

Purpose of Disbursement

011

Candidate Name

Rep. Mark Pocan

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|--|---|
| <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: WI District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 27 | | 2016 |

Transaction ID : 14030646

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bloomington | IN | 47402 |

Purpose of Disbursement

011

Candidate Name

Rep. Todd Young

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: IN District: 09

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 27 | | 2016 |

Transaction ID : 14030647

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 5000.00 |
|---------|

| |
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| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Zinke For Congress

Mailing Address PO Box 1596

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Helena | MT | 59624 |

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ryan Zinke

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: MT District: 00

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 28 | | 2016 |

Transaction ID : 14031197

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hoosiers For Rokita, Inc.

Mailing Address 314 Arsenal Ave.

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Indianapolis | IN | 46201 |

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Todd Rokita

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: IN District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 28 | | 2016 |

Transaction ID : 14031199

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address P.O. Box 100

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Teaneck | NJ | 07666 |

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. William J. Pascrell Jr.

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: NJ District: 09

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 28 | | 2016 |

Transaction ID : 14031200

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 7500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Duncan D. Hunter For Congress

Mailing Address P.O. Box 1545

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| El Cajon | CA | 92022 |

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Duncan L. Hunter

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: CA District: 52

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 28 | | 2016 |

Transaction ID : 14031202

Amount of Each Disbursement this Period

| |
|---------|
| 1750.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McClintock For Congress

Mailing Address 2150 River Plaza Dr. #150

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Sacramento | CA | 95833 |

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tom McClintock

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: CA District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 28 | | 2016 |

Transaction ID : 14031204

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Steve Knight For Congress

Mailing Address PO Box 984

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Willows | CA | 95988 |

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steve Knight

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: CA District: 25

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 28 | | 2016 |

Transaction ID : 14031205

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 5250.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 75

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369

250 Prairie Center Drive

City

Eden Prairie

State

MN

Zip Code

55344

Purpose of Disbursement

Void - Friends Of Erik Paulsen

011

Candidate Name

Rep. Erik P. PaulsenCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2016



Primary



General



Other (specify) ▼

State: MN

District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 29 / 2016**Transaction ID : 14035646**

Amount of Each Disbursement this Period

-1000.00

☐ Memo Item

Void - Friends Of Erik Paulsen

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:



House



Senate



President

Disbursement For:



Primary



General



Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:



House



Senate



President

Disbursement For:



Primary



General



Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1000.00

114500.00